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WHILE PLAINLY WRITTEN, THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>176</u>		
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>412</u>		
Town of _____			Local Registrar No. _____		
or _____					
City of <u>Globe,</u>	No. _____	St. _____	Ward) _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Ruby May Cockran</u> If child is not yet named, make supplemental report, as directed					
3. Sex of child <u>Girl</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>1922 Aug. 25</u>	(Month, day, year)
8. FATHER Full name <u>Thomas B. Cockran</u>		14. MOTHER Full maiden name <u>Phileta King</u>			
9. Residence <u>Globe</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Globe, Arizona</u> (Usual place of abode) If nonresident, give place and State			
10. Color or race <u>American</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>American</u>	17. Age at last birthday <u>25</u> (Years)		
12. Birthplace (city or place) (State or country) <u>Texas</u>		18. Birthplace (city or place) (State or country) <u>Mississippi</u>			
13. Occupation <u>Rancher</u> Nature of Industry _____		19. Occupation <u>Housewife</u> Nature of Industry _____			
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.)		3 (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report _____
(Month, day, year)
935-825-727 Registrar.

Filed Oct 7, 1922 B. E. J. [Signature] Local Registrar.
Filed Oct 5, 1922 B. E. J. [Signature] County Registrar.